

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890548	FILED DATE
APPLICANT(S)	

3-12-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1	<i>Canceled</i>	
8				1		1
9				1		1
10				1		1
11				1		1
12			1		<i>Canceled</i>	
13			1			1
14				1		1
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TOTAL IND.		0	3	0	2	0
TOTAL DEP.			12		11	
TOTAL CLAIMS			15		13	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS